

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Maximilian BOSSECKER et al.

Title: OCCUPANT PROTECTION DEVICE FOR MOTOR VEHICLES

Appl. No.: 10/623,703

Filing Date: 7/22/2003

Examiner: Faye M. FLEMING

Art Unit: 3616

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Amendment and Reply Under 37 C.F.R. § 1.111 (11 pages).

[X] Replacement sheet containing Figures 14 and 15 (1 sheet).

[X] Claim for Convention Priority transmittal (1 page); original with ribbon and seal of German Patent Application No. 102 36 374.9 filed 8/2/2002 (33 pages); and original with ribbon and seal of German Patent Application No. 102 37 697.2 filed 8/15/2002 (37 pages).

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	30	-	27	=	3	x	\$50.00	=	\$150.00
Independent Claims:	3	-	3	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL								=	\$150.00

- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$120.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$120.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$270.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$270.00

- ☒ Check No. 44041 in the amount of \$270.00 is enclosed for the excess claim and extension fees.

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date June 27, 2005

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for Howard N. Shipley
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